Exploring good mental health on the prairies: A summary of World Café conversations
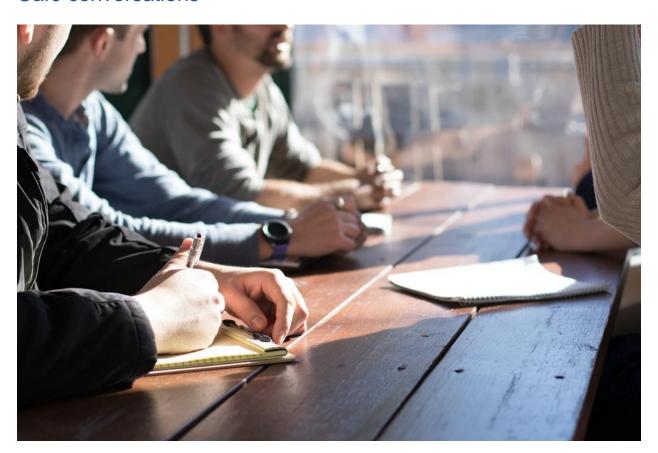

Mental Health on the Prairies

CONFERENCE &
CONVERSATION **2021**

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Background

Brandon University hosted the Mental Health on the Prairies Virtual Conference and Community Conversation in October 2021. The meeting brought together researchers, professionals working in health and social care, educators, community groups, and lived experience experts to have critical conversations about mental health research, services, and experiences. The overall goal of the conference was to increase access to, and participation in, information exchange about mental health on the prairies. This report is a summary of the final large group conversation, or World Café, at this event. It begins with an overview of what is meant by good mental health and then discusses the World Café approach to sharing and collecting information. The remainder of the report focuses on what participants in the World Café shared and what we can do with this information.

What is "good mental health"?

Mental health is a word that is used often, especially during the COVID-19 pandemic, during which the Mental Health on the Prairies conference took place. Mental health is sometimes used as a substitute for mental illness or mental health conditions. But using mental health in this way does not reflect the diversity of mental health experiences. In talking about mental health, it is important to understand that mental health itself is a continuum and mental health and mental illness are not mutually exclusive. You can have good mental health, but still have a diagnosed mental illness. You can have poor mental health, but not have mental illness (see Keyes, 2005). According to the Mental Health Commission of Canada (2015), "mental health is a state of wellbeing in which you can realize your own potential, cope with the normal stresses of life, work productively, and make a contribution to your community" (p. 3). Good mental health protects against the adversities of life and reduces the development of mental health problems (Mental Health Commission of Canada, 2015). This definition of good mental health guided various conversations at the Mental Health on the Prairies Conference.

What is a World Café?

A World Café is a process that helps large groups engage in a constructive conversation around critical questions, to build relationships and foster collaborative solutions (Aldred, 2011; Fouché & Light, 2011). The World Café method was first conceptualized in 1995 by Juanita Brown (Brown, 2002) and was created to facilitate structured conversation in a more hospitable environment than one-on-one interviews. The group format of a World Café can enable "cross-pollination of ideas" as participants respond to a series of questions, multiple times, with different groups (Löhr et al., 2020). For the purposes of this World Café, we aimed to facilitate conversations around three questions about good mental health.

1) How could good mental health be better supported in your community/region?
2) What are the barriers to creating supportive environments that promote good mental health? and,

3) What are the current resources/strengths that help to create supportive environments?

Through these questions, we hoped to provide a space for knowledge sharing between community members with different backgrounds, increase access to groups that may not typically have a voice in research to participate in the discussion, and provide a catalyst for future university-community knowledge co-creation.

How did the World Café work?

Typically, a World Café occurs in-person in a large room with many tables. There are usually no more than four or five participants per table, with a facilitator to help manage conversation. Participants rotate randomly between tables to engage with new people and discuss each question multiple times. Due to the Covid-19 pandemic the conference and World Café shifted to an online platform. This shift required some changes to the format of the traditional World Café.

We aimed to follow the methods of the traditional World Café as closely as possible on the online platform. The conference co-chair, and Principal Investigator of the World Café, Dr. Rachel Herron, presented an introductory presentation on the background, purposes, and structure of the World Café before it began. Dr. Herron also reviewed a consent form sent to participants before the World Café, which was approved by Brandon University Research Ethics Committee. Afterward, participants were asked to complete a brief demographic survey (see Table 1). Not all participants of the world café (n=~30), completed the survey (n=16). The attributes of those who did are listed below.

Table 1. *Demographics Survey*

Demographic Questions	Participants (n=16)
What is your age?	
18-24	0
25-34	2 (12.50%)
35-44	5 (31.25%)
45-54	7 (43.75%)
55-64	1 (6.25%)
65-74	1(6.25%)
75+	0
What gender do you identify as?	
Man	13 (81.25%)
Woman	3 (18.75%)
Prefer not to say	0
Please specify	0
What is the highest degree or level of education you have completed?	
Some high school	0
Highschool diploma	1 (6.25%)
College or undergraduate education	8 (50.00%)

Graduate degree	7 (43.75%)
How many people live in your community?	
Less than 1000	1 (6.25%)
More than 1000 but less than 10,000	3 (18.75%)
More than 10,000 but less than 50,000	7 (43.75%)
More than 50,000	5 (31.25%)
Are you Indigenous or a member of a visible minority?	
Yes	4 (25.00%)
No	12 (75.00%)

Participants were randomly assigned to breakout rooms, our online version of "tables". There were five pairs of facilitators and note-takers, one for each "table". Each "table" was open for 8 minutes, and participants completed nine rounds of discussion where participants were randomly assigned to a breakout room each round. This adaptation helped to facilitate 'cross-pollination' of ideas, as well as keep people engaged in an online discussion.

Each breakout room was audio recorded and notes were taken for participants to view, correct, and build upon. The audio recordings were then transcribed; no names were given to participants in transcripts to ensure anonymity. The transcripts were then coded by Dr. Herron and Kyrra Rauch. Following this initial coding process, the codes were reviewed and grouped into three main categories, mirroring the research questions; barriers, strengths, and supports.

Findings

Barriers

Although themes from each of the three research questions emerged throughout the World Café, barriers to good mental health were by far the most common topics of discussion. These barriers can be broken down into two groups: accessibility and system issues. When talking about accessibility, participants identified problems related to communication, cost, knowledge of resources, language, technology and social media, and transportation. When talking about system issues, participants identified government priorities and funding, lack of continuity of care, lack of education, lack of trained professionals, policy, professional fatigue, resources for professionals, service gaps, systemic racism, and lack of support for basic needs (e.g., housing). Discussion of these barriers highlighted both individual experiences and structural impediments to accessing mental health services or community supports.

For example, when explaining accessibility problems that undermine good mental health, one participant described accessibility at length saying:

"I just want to include accessibility and by accessibility, I mean a couple of different things. One thing that comes to mind that I think isn't a surprise to anyone is just cost. And sometimes that can be prohibitive of seeing a therapist or maybe medications, et cetera. And I know in Canada we're quite lucky, a lot of

our government assistance and funding is available. But sometimes I think people are just hesitant. They don't have maybe access to transportation or phone, or they can't pay for the hourly charge or whatever. So, I think cost is one thing. And then some of those other pieces that I mentioned that might inadvertently affect cost like childcare or losing wages because you're trying to take some time off of work to attend a meeting or appointments, et cetera. Another thing about accessibility is they're just to me, it seems from where I live in Alberta, it seems like there's more need than there are providers, there really long wait lists and things like that. So, I guess I'm talking more about barriers than how could good mental health be supported, but increased access."

In addition, some participants described accessibility with specific mention of the challenges in rural and remote communities, which highlighted the connection between accessibility and system issues.

"In terms of remote communities, there might be a mental health therapist that comes every two weeks, or maybe every month if they can make in. They've got their caseload, but they also have a lot of people that just try to walk in. It's a lot of, it's difficult for them to service that many people and the continuity of care can be difficult for them. You know, you set somebody up with something like, for instance, the crisis unit, and then you fly out of the community for two weeks. It's hard to follow up."

Many participants identified lack of trained professionals and continuity of care as system barriers to good mental health. Another participant emphasized the importance of continuity of care saying:

"One of the difficulties for me is and the fact that recovery from mental illness, and recovery with mental illness, is always non-linear. And so, one of the huge barriers is there's never a follow up. There's never a continuity of care. So that if I see [participant name] one day and I want to see or talk to [participant name] in two days, the chances of me getting to do that are probably zero."

Other participants emphasized the challenges of navigating the healthcare system for both individuals with a mental illness and family or friends supporting them. As an example, one participant said,

"Another barrier can be members of the public have a hard time navigating the system. So, for those of us that are health care providers, I mean, sometimes it's confusing for us that things are changing all the time. But for people in the community or even friends and family members of mine, sometimes they don't know where to begin."

The participant identified changes in the system as one of the reasons navigating the system was difficult, even for healthcare professionals.

Some participants emphasized a need for government funding and priorities to change. In particular, they highlighted a lack of funding and support for universal mental health care. The examples below illustrate this theme:

"I mean, and I agree that the health care system is really still the physical health care system, and it's arguably the sickness system. And we don't even fund

preventative like physical health stuff. It's if you're if you're physically in trouble, then you get help. It's treatment of physical illnesses. So, I think that was a huge gap. It's a huge gap in our universal health care system that we're now talking so much about mental health and mental illness and how we all need to be aware of it and all that kind of stuff. But when we're not given the resources, that's the barrier. It's almost cruel to be trying to engage in more public information about mental health, and then people realize that they potentially can't reach the services that they need."

"Well, for funding, for example, if the government doesn't believe in providing mental health supports, then they're not going to provide any funding to any projects or policies or anything that would help people in the community."

Overall, participants identified many intersecting barriers at a systems level and within their communities and individual lives.

Strengths

Although participants identified many barriers, they also identified current resources, or strengths in their communities. The most prominent strengths identified in the discussion were organizational, including existing activities and programs, collaboration among organizations, communication, the Mental Health on the Prairies conference, education, and system transformation. Participants explained these strengths in different ways. For example, one participant was hopeful about the integration of mental health education into public schools:

"Yeah, I was just going to say that it feels like mental health is being integrated into like some of the places where we know people are more likely to gain access, like schools or family doctors. There seems to be more of a push for mental health programming or resources to be discussed or emphasized in those places. So I think that's also great because it does sort of work from that preventative lens and it's more likely to catch more people than waiting for someone to come to the office once they have or to a hospital or whatever, once they have some kind of problem that they're dealing with. So, I really like that. I feel like there's lots of, even just like mindfulness strategies, yoga, breathing, that kind of thing seems to be being taught in elementary schools now, which is really cool, I think. And the more we can push kind of emotion regulation, teaching those skills, the better."

Other participants emphasized the importance of cultural organizations in providing advocacy and support for good mental health. One participant said:

"I think the places like the Brandon and Friendship Center and the Metis Association, I mean, anyone who is attached to those centers, I've heard just such great resources. You've got that person that can really advocate for you and really connect you to resources. I think it's such a huge strength in our community."

Peer support groups were also identified as an important community asset, as illustrated by the quotation below:

> "I think the support we see just in the community, like, you know, we've got supports in the communities and again, it goes back to like the anonymous groups, right? The AA's, the GA's, the NA's, mood disorders groups. You've got so many different resources. So, again, just speaking to all those different agencies and groups within the community that understand the most vulnerable in the population and given them a voice is important, right."

Further strengths included social supports, such as family and social connection, and the community; individual strategies, such as enjoying nature; and technology. Technology was a paradoxical category, which was referenced slightly more often as a barrier but also as a strength for mental health. The examples below illustrate the opportunities and challenges associated with technology:

Challenges	Opportunities
"I was thinking a bit about social media and how it's commonly used by teens as a kind of diary and an opportunity for them to express their thoughts. So, this is good. But then I wonder if this is a barrier to receiving additional help outside of peer support. And I don't think that social media necessarily provides a good peer support either. So, it's kind of this notion where people think that they might be letting up their feelings and getting support when they're not. So, it's just kind of a false illusion."	"And another family I know with kids that been drawing and painting together over the Internet. And you know they have the paint nights that you can buy into doing it online with each other, giving each other ideas on how to paint a picture with the kids and the creativity and that sort of thing. So, yeah, I mean, there's been a lot of creative things happening online involving kids and activities."
"I can give you a really quick example, so a post-traumatic stress group, someone who struggles with post-traumatic stress, it can be if you're not in the right place, healing some of the online Facebook groups can be extremely triggering and it can throw you backwards fast."	"…moving more to virtual ways of connecting because of Covid-19 through work, has made things a lot more accessible for some of my participants. Particularly where there have been issues around accessibility, or ability to get places, mobility issues. So that's been a positive thing."
"I think it's a good point, like just the general social media, it is an environment that in certain individuals, that's their main environment. They might spend like hours of their day in a social media environment. I think it's kind of an interesting take on what an environment	"I think it's nice that there's apps that are being developed because, and also that support lines are developing text help as well. And these online counseling services, although you do end up paying for them, I think they are reaching a certain population because I am hearing about that from friends and family, as well

is, right. I don't prescribe to a lot of social media, but when I hear about it from my staff, sometimes I almost call it a hate feed, not a you know, not a news feed. The environment that can be created that we can spend hours of our life with can be quite toxic."	as clients. I'm hearing that that's where some support is coming from…"

Supports

Finally, supports identified for good mental health were broken into two categories: informal and formal supports. Formal support was referenced more frequently during the discussions and included the continuum of care, culturally sensitive supports, outreach, personalized care, professional services, system navigation, and trauma-informed care. Informal supports included family support, peer support, and a sense of community.

Participants emphasized the need for supports to be non-judgemental, personalized, and relevant to the specific needs of the individual. For example, one participants said,

> "But I think even just how the service is presented or when the provider meets with the client, how the service is presented can have a huge impact, whether it's presented as something that they have to participate in in a very specific kind of way, or whether their needs and their desires are taken into account, whether it's presented as a kind of nonjudgmental, we're curious to learn from you kind of a service. Versus quickly I have ten minutes, what meds do you need? So, speaking back to that idea of that, knowing the bigger picture about a client. Yeah. Letting them advocate for themselves in terms of what they need. I think people don't always feel they have the space to do that or the ability to do that. It's just the service is being done to me rather than for me."

Recognizing the lack of time and different perspectives of formal service providers, participants emphasized the importance of peer support as part of a broader, more comprehensive range of mental health support:

> "… in conjunction with a therapist or health care professional, I think peer support is really helpful because that individual does have the lived experience. And so they might be able to bring more richness to the discussion and maybe empathy, not that the professional wouldn't or couldn't, but if you haven't had that experience and navigating the health care system, it just kind of adds an additional layer and maybe provides a little bit more realism as far as what that person has gone through, what worked, what didn't, and maybe from like a first person perspective. So, again, that's the importance of a team and not to sell short the role of a family or friend or a peer support member, if that makes sense."

Importantly, participants emphasized the need for a much more comprehensive view of mental health supports that include professionals, volunteers, family, friends, and other members of the community. Particularly in the context of COVID, participants identified

a need for meaningful social connection and opportunities to get outside as important resources.

It is important to note that how participants responded was no doubt influenced by the time and context in which the event took place and the continued influence of the COVID-19 pandemic on people's day-to-day lives. The pandemic was brought up many times throughout the discussion. Participants spoke of the strain the pandemic has added to the healthcare system and the tolls it has taken on peoples' mental health. Conversely, participants also spoke of the potential learning and transformation from this event, such as reconnection with family and peers. The voices below illustrate some of the challenges and opportunities associated with the pandemic:

Participants working as service providers highlighting the challenges of longer wait lists as a result of the pandemic:

> "I would say that the pandemic, I mean, I come from the lens of working with people with substance use disorders, so the pandemic has really caused a lot of long wait lists and wait times for people accessing detox or treatment. And so that's been a huge issue. And also, like the RAAM clinics are always overflowing with patients that are trying to get help, right. So, I would say those are definitely barriers. I guess, that would tie into like not enough funding and resources if we had more funding, more staff, more programs than maybe it wouldn't be as much of an issue. But the pandemic has really highlighted that."

To address increasing demand for support, participants suggested more resources, including funding, staffing and programming, are required.

Despite these challenges, participants identified renewed interest in informal and formal mental health care. Some participants suggested that people have learned from the pandemic that they need to reach out and check in on neighbours and friends. One participants said very poignantly,

> "… we have an opportunity with Covid over the past couple of years and people actually being concerned about mental health, that may give an opportunity for those individuals who have a mental illness to be able to get the resources they need. Because currently, the people with mental illness don't have the resources, with the resources that I mean specifically are related to having universal care, which allows them to have psychotherapy without having to pay. So, that in itself, in my mind, can blow stigma up when our government says, yes, we care, we understand, and we realize that we that we need to provide you with the resources. And this is a resource we need."

4.1 Recommendations/future directions/ways forward

Based on the voices and stories shared in the World Café, there is significant work to do to support good mental health on the prairies. This work needs to take place at multiple levels and may involve different actions, advocacy, and education.

- Addressing the wide array of accessibility issues will require multi-sectoral funding and collaboration (e.g., lack of education, lack of transportation, and lack of support for basic needs such as housing).
- More funding to train and retain mental health professionals is essential to improve continuity of care and address the lack of trained professionals as well as professional fatigue.
- Stigma and the costs of care could be drastically reduced by funding universal mental health care (e.g., psychotherapy).
- Technology may be able to extend or augment existing relationships and services, but the World Café discussion suggests that we must be cautious about how we use technology to support mental health. More research is needed to understand when technology can be helpful and when it may be harmful.
- Community-based voluntary organizations are a strength and an essential support but they operate outside the formal health care system. These organizations and programs should have more direct communication with regional health authorities. Authorities could consider direct referral to these programs to link people to a more comprehensive basket of services.
- More forums to talk about mental health and share resources for individuals with lived experience, family, friends, and professionals are critical.

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